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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/662,662	
	Filing Date	September 15, 2003	
	First Named Inventor	Simon Anne de Molina, et al.	
	Group Art Unit	3745	
	Examiner Name		
Total Number of Pages in This Submission	5	Attorney Docket Number	1316N-001683

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected Official Filing Receipt; Copy of Corrected Official Filing Receipt; and return receipt postcard.
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Reg. No. 22,484
Signature			
Date	July 14, 2004		

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.			
Typed or printed name	H. Keith Miller	Express Mail Label No.	EV 533 146 510 US
Signature		Date	July 14, 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 1316N-001683

Group Art Unit: 3745)
Examiner: Unknown)
Inventors: Simon Anne de Molina, et al.)
Serial No.: 10/662,662)
Filed: September 15, 2003)
For: Shock Absorber Staged Valving System)

**REQUEST FOR CORRECTED
OFFICIAL FILING RECEIPT**

Mail Stop: Initial Patent Examination's Filing Receipt Corrections
Director for Patents
P.O. Box 1450
Alexandria, VA 22213-1450

Sir:

We acknowledge receipt of the Official Filing Receipt for the above-identified application, a copy of which is attached. However, the title is incorrect, and should be as listed in the Declaration and Power of Attorney and as follows:

"Shock Absorber Stage Valving System" should be --Shock Absorber Staged Valving System--

Accordingly, please correct your records and issue a corrected filing receipt.

Respectfully submitted,

By:

H. Keith Miller, Esq.
Reg. No. 22,484
Attorney for Applicants

Dated: July 14, 2004

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Attachment



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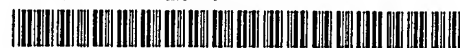
APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/662,662	09/15/2003	3745	888	1316N-001683	6	23	4

27572
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 BLOOMFIELD HILLS, MI 48303



CONFIRMATION NO. 1855

FILING RECEIPT



OC000000011554318

Date Mailed: 12/23/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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 Jean-Marie Tuts, Wellen, BELGIUM;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 12/22/2003

Projected Publication Date: 03/17/2005

Non-Publication Request: No

Early Publication Request: No

Title

Shock absorber state valving system

Staged

Preliminary Class

092

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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